

JAN. 21. 2003 2:40PM

GLAXO WELLCOME

NO. 7224 P. 1

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To Group 1624

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Date 21-Jan-2003 Pages including cover 10

Subject Serial No.: 10/071,358

Filing Date: February 8, 2002

Attached:

Amendment



GlaxoSmithKline

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. PG3416US2				
Applicant(s): Carter et al.								
Serial No. 10/071,358	Filing Date February 8, 2002	Examiner T. Truong	Group Art Unit 1624					
Invention: HETEROCYCLIC COMPOUNDS								
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>								
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	36	20	16 x	\$18.00	\$288.00			
INDEP. CLAIMS	3	3	0 x	\$84.00	\$0.00			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$288.00			
<div style="margin-top: 10px;"><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1392 in the amount of \$288.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1392 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>								
<div style="text-align: center;"> Signature</div> <div>John L. Lemanowicz, Reg. No. 37,380 Attorney for Applicants GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-8247 Facsimile: (919) 483-7988</div>			Dated: 1/21/03					
CC:			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.16 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</td></tr><tr><td style="text-align: center; padding: 5px;">Signature of Person Mailing Correspondence</td></tr><tr><td style="text-align: center; padding: 5px;">Typed or Printed Name of Person Mailing Correspondence</td></tr></table>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.16 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.	Signature of Person Mailing Correspondence	Typed or Printed Name of Person Mailing Correspondence
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